



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies – Complaint Investigation

<b>Agency:</b>	Aspire Human Services, LLC	<b>Region(s):</b>	4
<b>Agency Type:</b>	ResHab	<b>Investigation Dates:</b>	15 Dec 2016 – 3 Feb 2017
<b>Certificate(s):</b>	RHA-4075	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full <input checked="" type="checkbox"/> N/A – Complaint

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
<b>16.04.17.203.</b> 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation	Review of staff documentation revealed that 1 out of 10 employee records lacked evidence of orientation training required under IDAPA 16.03.10. prior to accepting participants.  For example: Employee #10 lacked documentation of new hire orientation and the agency was unable to provide documentation that the following orientation training had been provided: 16.03.10.705.01.c.i. Purpose and philosophy of services; 16.03.10.705.01.c.ii. Service rules;	<i>1. Each staff hired by Aspire Human Services LLC will complete all required new hire orientation training as required in IDAPA 16.03.10, agency policy and procedures including each of the rule required training topics. Human Resources staff, Training Coordinators, Program Supervisors and Program Directors will ensure training completion and documentation. Documentation of completion will be maintained in staff personnel file.</i> <i>2. A review will be conducted for all existing Aspire Human Services staff to ensure completion and documentation of</i>	6/30/2017



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provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (3-29-12) L&C will verify agency compliance with training requirements found in 16.03.10.700-706	16.03.10.705.01.c.iii. Policies and procedures; 16.03.10.705.01.c.iv. Proper conduct in relating to waiver participants; 16.03.10.705.01.c.vii. Methods of supervising participants; 16.03.10.705.01.c.viii. Working with individuals with developmental disabilities;	<i>all rule required training topics per IDAPA 16.03.10. All documentation related to completion of rule required training topics will be maintained in staff personnel file. Program Supervisors, Program Directors and Training Coordinators will coordinate to ensure new hire staff has attended required training topics per IDAPA 16.03.10 and documentation of staff completion is completed and maintained in staff personnel file.</i> <i>3. All New Hire Orientation documentation will be reviewed by our internal QA/QI to ensure compliance with IDAPA 16.03.10, agency policy and procedures including each of the rule required training topics and appropriate documentation is completed and filed.</i> <i>4. The Staff Training Coordinators, Program Supervisors and Program Directors will coordinate efforts to ensure compliance with IDAPA 16.03.10,</i>	



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		<i>agency policy and procedures including each of the rule required training topics and conduct quarterly reviews to ensure ongoing compliance. Internal QA/QI will annually complete audits on staff training documentation and in addition spot audits will be conducted by Human Resources staff to ensure completion and documentation.</i>	

<b>Agency Representative &amp; Title:</b> David L. White, Program Director	<b>Date Submitted:</b> 3/24/2017
<i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	
<b>Department Representative &amp; Title:</b> Sandi Frelly, Medical Program Specialist	<b>Date Approved:</b> 3/31/2017
<i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	